

State of Washington Application for a Water Right 26 200

For Ecology Use

Fee Paid #/4,00

Chk # 2696

Date 7-26-200/

Please follow the attached instructions to avoid unnecessary delaysogy

Section 1. APPL								
Name Steve \$ Sharon DeRuyter					Home Tel: (<u>509</u>) <u>542</u> - <u>2262</u>			
Mailing Address 3300 Kruse Rd					Work Tel: (5	509) 542	L- <u>8988</u>	
City Pasco State Wa Zip+4 993				801_+_	FAX: (.	509) 542	2 - 8887	
Section 2. CONT								
Name								
Mailing Address								
City			•)		
Relationship to applicant								
	permit to us from a services s	e not more the urface water Stockwell OF USE. (So to be used in to/_	han 3,00 source or I	ground (ions.) NOT per year:	water source (c.d. Maintan TE: A tax parce 1,480 cate the period	(⊠ gallon heck only one heck only one held in the least of time that the	as per minute or e) for the purpose(s) TTACH A "LEGAL" a plat number is not e e water will be needed:	
If SURFACE WATER Name the water source lake, etc. If unnamed, "unnamed stream," etc. Number of diversions	e and indic write "unr c.:		n, spring,		UNDWATER it is desired fo		well(s).	
Source flows into (na		of water):	-	Size &	depth of well	(s):		
source news mile (manie or ede) or water).			UNKNOWN					
LOCATION								
Enter the north-south section corner: 2,300 South and	4			•				
1/4 of 1/4 of	Section	Township	Range (E/W	n	County	If location of s	ource is platted, complete below: k Subdivision	
SW1/4 NE1/4	17	10	31	Frei	Klin .			
NW 1/4 NE 1/4	17	10	31		nklin			
For Ecology Use Date Resident SEPA: Exempt/Not Exempt/ Date Accepted As Complete	FERC Lice	nse#	Lay E	51	_ Dept. Of Health	1#	WRIA: 33	
ECY 040-1-14 Rev. 7/97 * * f		TION 3 EPARTMENT EPHRATA FIL	OF ECOLOGY	-	l. No.:			

Se	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: N/A
B.	Briefly describe your proposed water system. (See instructions.)
*	Drill (a) water wells with nessory Pipe & Pumps to irragate
	370 acres using upto date Technology (pivot No221er
	Mositure monitoring EXT.)
C.	Do you already have any water rights or claims associated with this property or system? YES NO PROVIDE DOCUMENTATION.
000000000000000000000000000000000000000	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection
D	(Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Cor	nplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the
	Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
STATE OF THE PARTY	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 340-370 depending on use Below
B.	List total number of acres for other specified agricultural uses:
	Use Compost Acres 30
	Use Acres Use Acres
C.	Total number of acres to be covered by this application: 370
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)
	Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.:
E.	Farm uses:
	Stockwater - Total # of animals 5,000 Animal Type Holstein (If dairy cattle, see below) Dairy - # Milking 4,000 # Non-milking 2,000
	C C PAN
	26.700 July 1985
	APPLICATION

Provide detailed driving instructions to the project site. from Poxo Wa. Nwy 395 North to Phend Rd Torn Right to Frontier Rd Torn Left to Kruse Rd Torn Right go to 3300 kruse Rd. Section 10. REQUIRED MAP A. Attach a map of the project. (See instructions.) Section 11. PROPERTY OWNERSHIP A. Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): B. Does the applicant own the land on which the water source is located? If ron, submit a copy of agreement: I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me. Applicant (or authorized representative) Date 7/23/61 Date	NOTE point,	you be using a dam, dike, or other structure to retain or store water? E: If you will be storing 10 acre-feet or more of water and/or if the wate and some portion of the storage will be above grade, you must also appoir permit application from the Department of Ecology.			
Hwy 395 North to Phend Rd Turn Right to Frontier Rd Turn Left to Kruse Rd Turn Right go to 2300 kruse Rd. Section 10. REQUIRED MAP A. Attach a map of the project. (See instructions.) Section 11. PROPERTY OWNERSHIP A. Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement: I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me. Applicant (or authorized representative) Date	Sec	tion 9. DRIVING DIRECTIONS			
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Applicant (or authorized representative) Date	to pro monit	ocess my application, I grant staff from the Department of Ecology toring purposes. Even though I may have been assisted in the prepa	access to the site for in ration of the above ap	spection and plication by	d the
Landowner for place of use (if same as applicant, write "same") Date	Applic	cant (or authorized representative) Description	ate		
	Lando	owner for place of use (if same as applicant, write "same") Description:			

Section 8. WATER STORAGE

G320412

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following rea	ason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
X Section number(s) incomplete	(is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		MANH
See earl daved December	5,2003	
Please provide the additional information requested a Sanuary 4, 2004 (date).	bove and return you	r application by

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Ecology staff Karkribich

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